



Attorney Docket No. 033048-058

Patent *RCE*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Gordon Good

Group Art Unit: 2137

Application No.: 09/852,244

Examiner: PAUL E CALLAHAN

Filing Date: May 10, 2001

Confirmation No.: 4076

Title: SECURITY POLICY MANAGEMENT FOR NETWORK DEVICES

REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the

☒ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. ☒ A. Applicant(s) requests that any previously unentered after final amendments not be entered.
Continued examination is requested based on the enclosed documents identified in item 2 below.

- ☐ B. Applicant(s) previously submitted the following documents for which continued examination is requested:

☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

☐ Other: _____

2. The following documents are enclosed with this submission:

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> Amendment/Reply. | 11/01/2005 SZEWDIE1 00000031 09852244 |
| <input type="checkbox"/> Affidavit(s)/Declaration(s). | 01 FC:2801 395.00 OP |
| <input type="checkbox"/> Information Disclosure Statement (IDS). | |
| <input checked="" type="checkbox"/> A Petition for Extension of Time. | |
| <input type="checkbox"/> Other: | |

Buchanan Ingersoll PC

ATTORNEYS

Including attorneys from Burns Doane Swecker & Mathis

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(8/05)

3. ☐ Small entity status is hereby claimed.
☐ No additional claim fee is required.
☒ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

CLAIMS					
	No. of Claims		Extra Claims	Rate	Fee
Examination Fee (1801)					\$ 790.00
Total Claims	36	MINUS 36 =	0	x \$50.00 (1202) =	\$ 0.00
Independent Claims	4	MINUS 4 =	0	x \$200.00 (1201) =	\$ 0.00
If multiple dependent claims are presented, add \$360.00 (1203)					\$ 0.00
Total Fee					\$ 790.00
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ 395.00
TOTAL FEE DUE					\$ 395.00


4. ☒ A check in the amount of \$ 395.00 is enclosed for the fee due.
5. ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Charge _____ to credit card. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL PC

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By 
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